

Practitioner's Docket No. 12636-898

#3
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Howard Sands

Group No.: 1615

Patent No.: 09/782,184

Examiner: Unassigned-

Filed: February 12, 2001

For: Injectable pharmaceutical composition comprising microdroplets of a camptothecin

Commissioner for Patents
Washington, D.C. 20231

COMPLETION OF FILING REQUIREMENTS—NONPROVISIONAL APPLICATION

- I. This replies to the Notice to File Missing Parts of Application (PTO-1533) mailed March 26, 2001. A copy of the Notice to File Missing Parts of Application—Filing Date Granted (Form PTO-1533) is enclosed.

DECLARATION OR OATH

- II. No declaration or oath was filed. Enclosed is the original declaration or oath for this application.

POWER OF ATTORNEY

- III. Enclosed is an original Power of Attorney by Assignee to Exclusion of Inventor.

COMPLETION FEES

1. Filing Fee: Original patent application (37 C.F.R. 1.16(a))	\$710.00
2. Fee for Claims: Each claim in excess of 20 (37 C.F.R. 1.16(c))	\$90.00
3. Fee for Claims: Each independent claim in excess of 3 (37 C.F.R. 1.16(b))	\$0.00
4. Surcharge Fee: Late payment of filing fee (37 C.F.R. 1.16(e))	\$130.00
5. Assignment (See "ASSIGNMENT COVER SHEETS - (2))	<u>\$80.00</u>
6. Total completion fees	\$1,010.00

EXTENSION OF TIME

- IV. A three-month extension of time fee is due. Fee Due: \$890.00

REQUEST FOR CORRECTED FILING RECEIPT

- V. Attached is a copy of the official filing receipt for which issuance of a corrected filing receipt is respectfully requested. There are errors with respect to the following, which are incorrectly entered.

Error in	Correct data
1. Applicant name and/or addresses	- Howard Sands, Wilmington, DE; Awadhesh Mishra, Quebec, Canada

At least one of the above corrections is due to applicant's error and the fee under 37 C.F.R. 1.19(h), of \$25.00 applies.

TOTAL FEE DUE

- VI. The total fee due is: Completion fees \$1,010.00, Extension of Time Fees \$890.00, Corrected Filing Receipt Fees \$25.00

TOTAL FEE DUE \$1,925.00

PAYMENT OF FEES

- VII. Charge Account No. 23-2415 (12636-898) in the amount of \$1,925.00.
Please charge Account No. 23-2415 (12636-898) for any fees that may be due by this paper.

08/24/2001 HBERHE 00000065 232415 09782184
03 FC:117 890.00 CH


Shirley Chen, Reg. No. 44,608


Wilson Sonsini Goodrich & Rosati
650 Page Mill Road
Palo Alto, CA 94304
(650) 493-9300
Customer No. 021971

CERTIFICATE OF EXPRESS MAILING (37 C.F.R. 1.8)

"Express Mail" Mailing Label No. EL682477060US.

I hereby certify that this paper or fee is being deposited, with the United States Postal Service as "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to: Box Missing Parts, Commissioner for Patents, Washington, D.C. 20231.

Date: 8/20/01

 Donna L. Hengst

Please type a plus sign (+) inside this box

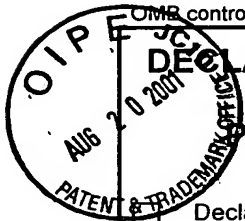


PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number

12636-898

First Named Inventor

Sands

COMPLETE IF KNOWN

Application Number

09/782,184

Filing Date

February 12, 2001

Group Art Unit

1615

Examiner Name

Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**INJECTABLE PHARMACEUTICAL COMPOSITION COMPRISING
MICRODROPLETS OF A CAMPTOTHECIN**

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

02/12/01

as United States Application Number or PCT International

Application Number 09/782,184 and was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 021971 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

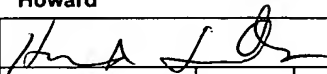
Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	David J. Weitz						
Address	Wilson Sonsini Goodrich & Rosati						
Address	650 Page Mill Road						
City	Palo Alto	State	CA	ZIP	94304		
Country	U.S.	Telephone	650-493-9300		Fax	650-493-6811	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Howard				Sands			
Inventor's Signature						Date	8/24/01
Residence: City	Wilmington	State	Delaware	Country	US	Citizenship	US
Post Office Address	2417 Landon Drive, Wilmington, DE 19810						
Post Office Address							
City	Wilmington	State	Delaware	ZIP	19810	Country	US

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	-----------------------------------------------------------------------------------------

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Awadhes				Mishra				
Inventor's Signature						Date		
Residence: City		Quebec	State	Verdun	Country	CANADA	Citizenship	
Post Office Address		670 De Gaspe #210, Nuns Island, Verdun Quebec H3E 1H8 CANADA						
Post Office Address								
City		Quebec	State	Verdun	ZIP	H3E 1H8	Country	CANADA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature						Date		
City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature						Date		
City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	12636-898
First Named Inventor	Sands
COMPLETE IF KNOWN	
Application Number	09/782,184
Filing Date	February 12, 2001
Group Art Unit	1615
Examiner Name	Not Yet Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**INJECTABLE PHARMACEUTICAL COMPOSITION COMPRISING
MICRODROPLETS OF A CAMPTOTHECIN**

(Title of the Invention)

the specification of which
☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 02/12/01 as United States Application Number or PCT International

Application Number 09/782,184 and was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

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+

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U.S. Parent Application or PCT Parent Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 021971

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name

Registration
Number

Name

Registration
Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number
or Bar Code Label

OR ☒ Correspondence address below

Name David J. Weitz

Address Wilson Sonsini Goodrich & Rosati

Address 650 Page Mill Road

City Palo Alto

State

CA

ZIP

94304

Country U.S.

Telephone

650-493-9300

Fax

650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Howard

Sands

Inventor's Signature

Date

Residence: City

Wilmington

State

Delaware

Country

US

Citizenship

US

Post Office Address

2417 Landon Drive, Wilmington, DE 19810

Post Office Address

City

Wilmington

State

Delaware

ZIP

19810

Country

US

☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Suppl mental Sheet Page <u>1</u> of <u>1</u>
--------------------	----------------------------------------------------------------------------------

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Awadhesh				Mishra				
Inventor's Signature						Date		
		July 24, 2001						
Residence: City		Quebec	State	Verdun	Country	CANADA	Citizenship	
							India	
Post Office Address		670 De Gaspe #210, Nuns Island, Verdun Quebec H3E 1H8 CANADA						
Post Office Address								
City		Quebec	State	Verdun	ZIP	H3E 1H8	Country	CANADA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature						Date		
City			State		Country		Citizenship	
P st Office Address								
P st Office Address								
City			State		ZIP		Country	
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Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature						Date		
City			State		Country		Citizenship	
P st Office Address								
Post Office Address								
City			State		ZIP		Country	

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**POWER OF ATTORNEY BY ASSIGNEE TO EXCLUSION OF INVENTOR
UNDER 37 C.F.R. § 3.71 WITH REVOCATION OF PRIOR POWERS**

undersigned ASSIGNEE of the entire interest in:

- ☐ U.S. Patent No. _____
☒ U.S. application no. 09/782,184, filed on February 12, 2001

hereby appoints the following attorneys of Wilson Sonsini Goodrich & Rosati:

Attorney Name	Reg. No.	Attorney Name	Reg. No.
Paul Davis	29,294	David J. Weitz	38,362
David J. Abraham	39,554	U.P. Peter Eng	39,666
George A. Willman	41,378	Jonathan T. Manson	43,774
Shirley Chen	44,608	Kenta Suzue	45,145
John Gilmore	46,375		

and all Wilson Sonsini Goodrich & Rosati attorneys registered to practice before the United States Patent and Trademark Office, to prosecute this application and transact all business in the United States Patent and Trademark Office in connection therewith and hereby revokes all prior powers of attorney; said appointment to be to the exclusion of the inventors and the inventors' attorneys in accordance with the provisions of 37 C.F.R. § 3.71.

The following evidentiary documents establish a chain of title from the original owner to the Assignee:

(complete one of the following)

- ☒ a copy of an Assignment attached hereto, which Assignment has been (or is herewith) forwarded to the Patent and Trademark Office for recording; or
- ☐ the Assignment recorded on ____ at reel ____, frames ____-____.

Pursuant to 37 C.F.R. § 3.73(b) the undersigned Assignee hereby states that evidentiary documents have been reviewed and hereby certifies that, to the best of ASSIGNEE's knowledge and belief, title is in the identified ASSIGNEE.

Direct all correspondence and telephone calls to:

Name	David J. Weitz					
Address	Wilson Sonsini Goodrich and Rosati					
Address	650 Page Mill Road					
City	Palo Alto	State	CA	Zip	94304	Customer No.: 021971
Country	USA	Telephone	(650) 493-9300	Fax	(650) 493-6811	

ASSIGNEE: RTP Pharma Inc.

Name: David J. Weitz

Date: 25 July 01



POWER OF ATTORNEY BY ASSIGNEE TO EXCLUSION OF INVENTOR
UNDER 37 C.F.R. § 3.71 WITH REVOCATION OF PRIOR POWERS

The undersigned ASSIGNEE of the entire interest in:

- ☐ U.S. Patent No. _____
☒ U.S. application no. 09/782,184, filed on February 12, 2001

hereby appoints the following attorneys of Wilson Sonsini Goodrich & Rosati:

Attorney Name	Reg. No.	Attorney Name	Reg. No.
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David J. Abraham	39,554	U.P. Peter Eng	39,666
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Shirley Chen	44,608	Kenta Suzue	45,145
John Gilmore	46,375		

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(complete one of the following)

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- ☐ the Assignment recorded on ____ at reel ____, frames ____-____.

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Name	David J. Weitz					
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Address	650 Page Mill Road					
City	Palo Alto	State	CA	Zip	94304	Customer No.: 021971
Country	USA	Telephone	(650) 493-9300	Fax	(650) 493-6811	

ASSIGNEE: SuperGen, Inc.

Name: _____

Date: _____